

**DECLARATION
AND POWER OF ATTORNEY
Original Application**

ATTORNEY'S DOCKET NO.
D-21413

As a below named inventor, I declare that I have reviewed and understand the contents of the specification, including the claims, as amended by any amendment specifically referred to in this Declaration, that the information given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 201 below, or a joint inventor if plural inventors are named below at 201 et seq., of the invention entitled:

**CRYOCOOLER SYSTEM WITH FREQUENCY MODULATING
MECHANICAL RESONATOR**

which is described and claimed in:

- ☒ the attached specification or
☐ the specification in application Serial No. _____ filed _____ amended _____
(for declaration not accompanying application) (Day, Month, Year) (Day, Month, Year)

that I acknowledge a duty to disclose information I am aware of which is material to the patentability of this application in accordance with 37 CFR 1.56(a), that I do not know and do not believe that the same was ever known or used in the United States of America before my or our invention thereof or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, or in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application and that as to applications for patent or inventor's certificate filed by me or my legal representatives or assigns in any country foreign to the United States of America, the earliest filed foreign application(s) filed within twelve months prior to the filing date of this application and all foreign applications filed more than twelve months prior to the filing date of this application are identified at 600, and, as required, 601 below.

600	CHECK APPROPRIATE BOX:
	<input checked="" type="checkbox"/> No earlier-filed applications <input type="checkbox"/> Required information as to foreign applications filed prior to filing date of this application is at 601 on page 2 attached hereto and made a part hereof.

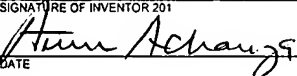
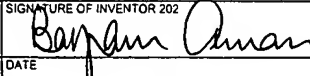

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Donald T. Black	Reg. No. 27999	David M. Rosenblum	Reg. No. 29341
Gerald L. Coon	Reg. No. 29910	Lurie A. Schwartz	Reg. No. 43909
Stanley Ktorides	Reg. No. 29399	Steven T. Trinker	Reg. No. 28274

SEND CORRESPONDENCE TO: PRAXAIR TECHNOLOGY, INC. Law Department M1-557 39 Old Ridgebury Road Danbury, CT 06810-5113	DIRECT TELEPHONE CALLS TO: Stanley Ktorides (203) 837-2178
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201	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	ACHARYA	ARUN		
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	East Amherst	New York	USA	
202	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	85 Twilight Lane	East Amherst	New York	14151
	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	ARMAN	BAYRAM		
203	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Grand Island	New York	USA	
	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	16 The Commons	Grand Island	New York	14072
203	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	FITZGERALD	RICHARD	C.	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Grand Island	New York	USA	
300	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	5221 East Park Drive	Grand Island	New York	14072
	<input checked="" type="checkbox"/> Additional matter on page 2 attached hereto and made a part hereof. When page 2 is used, all signatures must be signed on page 2+3.			
	List of Applicants continued on page 2 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statement and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application of any patent issuing thereon.

SIGNATURE OF INVENTOR 201 	SIGNATURE OF INVENTOR 202 	SIGNATURE OF INVENTOR 203 
DATE 3-26-04	DATE 3/26/04	DATE 26 MARCH 2004

**DECLARATION
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Original Application
Page 2 (If Required)

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601	LISTING OF EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THE U.S. FILING DATE OF THIS APPLICATION. LIST ALL APPLICATIONS FILED ON DATE OF FIRST FILING, IF MORE THAN ONE (1).			
	COUNTRY	APPLICATION NUMBER	DATE OF FILING (DAY, MONTH, YEAR)	PRIORITY OF WHICH IS CLAIMED UNDER 35 USC 119 <input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Listing of All Foreign Applications Filed, if any, MORE THAN TWELVE MONTHS PRIOR, to U.S. Filing Date of this Application.			
	COUNTRY	APPLICATION NUMBER	DATE OF FILING (DAY, MONTH, YEAR)	

LISTING OF APPLICANTS - continued from Page 1.

204	FULL NAME OF INVENTOR	LAST NAME VOLK	FIRST NAME JAMES	MIDDLE NAME JOSEPH
	RESIDENCE & CITIZENSHIP	CITY Clarence	STATE OR FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP USA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 4384 Homestead Lane	CITY Clarence	STATE OR COUNTRY New York
				ZIP CODE 14031
205	FULL NAME OF INVENTOR	LAST NAME ROYAL	FIRST NAME JOHN	MIDDLE NAME HENRI
	RESIDENCE & CITIZENSHIP	CITY Grand Island	STATE OR FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP USA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 102 Settlers Row	CITY Grand Island	STATE OR COUNTRY New York
				ZIP CODE 14072
206	FULL NAME OF INVENTOR	LAST NAME HAMILTON	FIRST NAME AL-KHALIQUE	MIDDLE NAME SHARIFF
	RESIDENCE & CITIZENSHIP	CITY Grand Island	STATE OR FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP USA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2233 Bedell Road, Apt. #10	CITY Grand Island	STATE OR COUNTRY New York
				ZIP CODE 14072

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SIGNATURE OF INVENTOR 201 <i>Alan Achara</i>	SIGNATURE OF INVENTOR 202 <i>Benjamin Omon</i>	SIGNATURE OF INVENTOR 203 <i>Richard C. Fitzgerald</i>
DATE 3-26-04	DATE 3/26/04	DATE 26 March 2004
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205 <i>John Henry</i>	SIGNATURE OF INVENTOR 206 <i>Al-Khalique Shariff Hamilton</i>
DATE	DATE 3-26-04	DATE 3-26-04

FOR SOLE AND JOINT APPLICATIONS

**DECLARATION
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Original Application
Page 3 (If Required)

ATTORNEY'S DOCKET NO.
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601	LISTING OF EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THE U.S. FILING DATE OF THIS APPLICATION. LIST ALL APPLICATIONS FILED ON DATE OF FIRST FILING, IF MORE THAN ONE (1).			
	COUNTRY	APPLICATION NUMBER	DATE OF FILING (DAY, MONTH, YEAR)	PRIORITY OF WHICH IS CLAIMED UNDER 35 USC 119
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
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	COUNTRY	APPLICATION NUMBER	DATE OF FILING (DAY, MONTH, YEAR)	

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	RESIDENCE & CITIZENSHIP	CITY Clarence	STATE OR FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP USA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 4384 Homestead Lane	CITY Clarence	STATE OR COUNTRY New York
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DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE <i>James Joseph Volk</i> 3-24-04	DATE	DATE

FOR SOLE AND JOINT APPLICATIONS